

EMPLOYEE:	CLASSIFICATION:
CASE NUMBER:	STATUTE OF LIMITATIONS EXPIRATION DATE:

<input type="checkbox"/> Investigation is insufficient (Please provide comments below)	<input type="checkbox"/> Further investigation requested (Please provide comments below)
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<input type="checkbox"/> Investigation is sufficient	<input type="checkbox"/> Corrective action ordered <input type="checkbox"/> Disciplinary action ordered
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Allegation 5: _____

DATE _____